

FILED APR 19 1944

Registration District No. 239

Primary Registration District No. 5-8-2-5-4356

Registrar's No. 4356

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: NEW MADRID
 (a) County PARMA
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None / 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
 In this community 6 Days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town 1 mi. west of Parma
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM EDWARD MASHBURN
 (b) If veteran, None name war _____
 3. (c) Social Security No. None

20. DATE OF DEATH: Month March day 12
 year 1944 hour _____ minute 30 A.M.

4. Sex male Color or race White
 6. (a) Single, widowed, married, divorced, child
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from Mar 6, 1944, to Mar 12, 1944
 that I last saw him alive on Mar 6, 1944
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: MARCH 6 1944
 (Month) (Day) (Year)

Immediate cause of death Pneumonia lobar
 Due to malnutrition
 Due to _____

8. AGE: Years _____ Months _____ Days 6 If less than one day hr. 6 min. _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 100
 Of operations _____
 Of autopsy _____

9. Birthplace PARMA, RT, ONE
 (City, town, or county) (State or foreign country)

10. Usual occupation INFANT
 11. Industry or business _____
 12. Name Born out of wedlock
 13. Birthplace R
 (City, town, or county) (State or foreign country)

14. Maiden name RUBY MASHBURN
 15. Birthplace LAWRENCEBURG TENN
 (City, town, or county) (State or foreign country)

16. (a) Informant JJ MASHBURN
 (b) Address PARMA MO.

17. (a) BURIAL (b) Date thereof MAR 18, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARMA, MISSOURI

18. (a) Signature of funeral director Walter J. Farnsworth
 (b) Address Parma Mo.
 19. (a) March 13/44 (b) Mrs. S.B. Rademaker
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury ?
 23. Signature Des W. Gustis (M. D. or other)
 Address Parma Date signed 3/12/44

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number ~~44-128~~

Date Filed 4-6-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.